

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> DMH Language Interpretive Services		
<b>POLICY NUMBER</b> DMH Policy 500.1	<b>DATE</b> SEP-09 2003	<b>TL#</b> 29

**Purpose.** This policy is being established to ensure that language interpretive services are available as needed throughout the Department of Mental Health (DMH) so that persons who do not use English as a first language or use a non-primary language for communication (sign language for the deaf) can effectively access critical mental health services and supports.

**Applicability.** Applies to DMH-certified MHRS core services agencies (public and private), subproviders and specialty providers; Saint Elizabeths Hospital (SEH); contractors; and the Mental Health Authority.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate MHA offices and the DMH Policy and Planning Committee.

**Implementation Plans.** A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the blue **DMH** Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

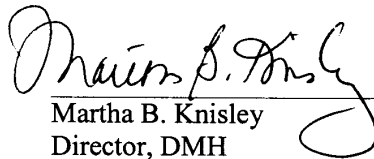
**ACTION**


**REMOVE AND DESTROY**

NONE

**INSERT**

DMH Policy 500.1

  
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Martha B. Knisley  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 500.1	Date SEP 09 2003	Page 1
	Supersedes None		

**Subject: DMH Language Interpretive Services**

1. **Purpose.** To ensure that language interpretive services are available as needed throughout the Department of Mental Health (DMH) so that persons who do not use English as a first language or use a non-primary language for communication (sign language for the deaf) can effectively access critical mental health services and supports. The key to providing meaningful access for Limited English Proficient (LEP) consumers is to ensure their effective communication with mental health providers.

2. **Applicability.** Applies to DMH-certified MHRS core services agencies (public and private), subproviders and specialty providers; Saint Elizabeths Hospital (SEH); contractors; and the Mental Health Authority.

3. **Authority.** Title VI of the Civil Rights Act of 1964, and the DMH MHRS Certification Standards.

4. **Background.**

Language barriers often result in limiting a person's access to services which they are legally entitled and can limit their ability to receive notice of or understand what services are available to them. Language barriers may also result in delays in receipt of services based on inaccurate or incomplete information. Services denied, delayed or provided under such circumstances could have serious consequences for a LEP consumer as well as for a provider of care.

In order to ensure compliance with Title VI of the Civil Rights Act of 1964, DMH mental health providers must take reasonable steps to ensure that LEP persons have meaningful access to the mental health services or supports they provide. The most important step in meeting this obligation is to require that language interpretive services be provided when necessary to facilitate such access, at no cost to the LEP consumer.

5. **Definitions.**

5a. Consumer – adults, children, or youth who seek or receive mental health services or mental health supports funded or regulated by DMH.

5b. Language Interpretive Services - The provision of oral language assistance, including the translation of written materials as needed, or sign language interpreters.

5c. Limited English Proficient (LEP) - An individual who cannot speak, read, write or understand the English language at a level that permits him/her to interact effectively with health care providers (and for the purposes of this policy includes an individual who is deaf).

5d. Mental Health Providers – (a) any individual or entity, public or private, that is licensed or certified by the District of Columbia to provide mental health services or mental health supports, (b) any individual or entity, public or private, that has entered into an agreement with DMH to provide mental health services or mental health supports, or (c) St. Elizabeths Hospital.

6. **Policy.** *Language interpretive services shall be made available as needed to DMH consumers in a timely manner at no cost to the consumer.*

7. **Mental Health Authority (MHA) Responsibilities/Procedures.**

7a. **Require** that mental health providers have a language interpretive services policy.

7b. **Ensure** language interpretive services are available to persons accessing mental health services through the DMH Access Helpline.

7c. **Provide** language interpretive services for events sponsored by MHA level offices/divisions.

- MHA level offices/divisions that need language interpretive services shall: (1) contact Delivery Systems Management to obtain a language interpreter request form and identify the type of service required; and (2) complete and submit the form to Delivery Systems Management at least fifteen (15) business days prior to the date of the event.
- Delivery Systems Management shall complete and submit a requisition to procure the required language interpretive services.

8. **Specific Guidance for all Mental Health Providers.**

8a. **Identify** the language needs of consumers enrolled in their programs.

8b. **Record** the language needs in the consumer's clinical record.

8c. **Offer or arrange** for the provision of language interpretive services at no cost to LEP consumers to include access to a language assistance line, TTY or equivalent communications line, and the employment of qualified interpreters, as needed.

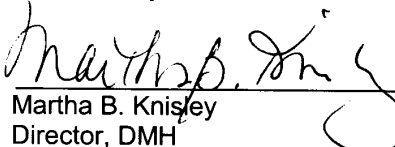
8d. **Develop** a written policy regarding language interpretive services that addresses what methods will be used to ensure that consumers can communicate effectively with the mental health provider whenever services are needed. Certified MHRS providers shall adhere to the Interpreter Policy requirements in the MHRS standards.

8e. **Provide** staff training on the policy to ensure staff awareness of the services.

8f. **Review** their overall language assistance services at least annually.

9. **Monitoring.** The mental health provider shall review its language assistance services at least annually to assess the current makeup of its service area, the current communication needs of LEP consumers, whether existing assistance is meeting the needs of consumers, whether staff is knowledgeable about the services and how to implement them, and whether sources of and arrangements for language assistance are still current.

Approved By:

 9/09/03  
Martha B. Knisley (Date)  
Director, DMH